

# Health Benefits At-A-Glance

COVA Care Plan COVA Care Basic			Kaiser Permanente HMO (Northern Virginia Only)	
Benefit	You Pay In-Network	Administrator	Benefit	You Pay In-Network
<b>Plan Year Deductible</b> (July 1 – June 30)	\$200 per person; \$400 per family	Anthem or ValueOptions	<ul style="list-style-type: none"> <li>You must live or work in the Kaiser service area to enroll. See page 1.</li> <li>You must select a primary care physician (PCP).</li> </ul>	
<b>Out-of-Pocket Expense Limit</b>	\$1,500 per member \$3,000 per family	Anthem or ValueOptions		
<b>Doctor's Visits</b> <i>Outpatient:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul> <i>Inpatient:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul>	\$25 \$35  \$0 \$0	Anthem or ValueOptions	<b>Doctor's Visits</b> <i>Outpatient:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialists</li> </ul> <i>(Specialist visits require a PCP referral)</i>	\$10 \$10
<b>Hospital Services</b> <i>Inpatient</i> <i>Outpatient</i>	\$300 per stay \$100 per visit	Anthem or ValueOptions	<b>Hospital Services</b> <i>Inpatient</i> <i>Outpatient</i>	\$100 per admission \$10 per visit
<b>Emergency Room Visits</b> <i>Facility Services</i> <i>Professional Providers:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul>	\$100 per visit  \$25 \$35	Anthem or ValueOptions	<b>Emergency Room Visits</b> <i>ER Facility Services</i> <i>Urgent Care Center</i>	\$50 (waived if admitted) \$10
<b>Diagnostic laboratory, tests, shots and x-rays</b>	10% coinsurance after deductible	Anthem or ValueOptions	<b>Diagnostic laboratory, tests, shots and x-rays</b>	\$10 physician, x-ray, and diagnostic services \$0 lab, path, radiology, diagnostic testing
<b>Routine gynecological exam</b> <i>Annual exam and tests:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> <li>Preventive tests (pap, mammography)</li> </ul>	\$25 \$35 10% coinsurance, no deductible	Anthem	<b>Routine gynecological exam</b> <i>Exam and tests (no referral needed):</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Preventive tests (pap, mammography)</li> </ul>	\$10 \$0
<b>Routine wellness care (7 and older)</b> <i>Annual checkup visit:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul> <i>Routine lab, tests, shots and x-rays (plan pays up to \$200 per member per year)</i>	\$25 \$35 10% coinsurance, no deductible	Anthem	<b>Routine wellness care (5 and older)</b> <i>Periodic checkup:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> </ul>	\$10
<b>Routine well child care (to age 7)</b> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul> <i>Routine lab, tests, and x-rays</i>	\$25 \$35 10% coinsurance, no deductible	Anthem	<b>Routine well child care (under age 5)</b> <ul style="list-style-type: none"> <li>Primary care physician</li> </ul>	\$0
<b>Prescription Drugs—three-tier</b> <i>Participating Retail Pharmacy: Per 34-day supply</i> <ul style="list-style-type: none"> <li>Tier 1</li> <li>Tier 2</li> <li>Tier 3</li> </ul> <i>Home Delivery Pharmacy: Service Per 90-day supply</i> <ul style="list-style-type: none"> <li>Tier 1</li> <li>Tier 2</li> <li>Tier 3</li> </ul>	\$15 \$20 \$35  \$30 \$40 \$70	Medco Health	<b>Prescription Drugs</b> <i>Generic (brand covered only when generic unavailable or prescribed by physician):</i> <ul style="list-style-type: none"> <li>Kaiser On-Site Pharmacy</li> <li>Community Pharmacy</li> <li>Mail Service</li> </ul>	Up to 60-day supply \$10 \$20 Up to 90-day supply \$8

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Benefit	You Pay In-Network	Administrator	Benefit	You Pay In-Network
<b>Behavioral Health and Employee Assistance Program</b>		ValueOptions	<b>Behavioral Health and Substance Abuse</b>	
Inpatient Facility	\$300 per stay		Inpatient Facility	\$100 per admission
Outpatient Facility	\$100		Outpatient Professional	\$10
Outpatient Professional	\$35		EAP	\$0
EAP (4 visits per incident)	\$0		(Coordinate care with Plan, not primary care physician)	
<b>Dental Basic Services</b>		Delta Dental	<b>Dental Services</b>	
Plan pays up to \$1,200 per member per plan year			Plan pays per member per plan year up to \$1,000	
<ul style="list-style-type: none"> <li>Diagnostic and preventive (oral exam, cleanings) \$0</li> <li>Primary (fillings, periodontal, root canals) 20% coinsurance, no deductible</li> </ul>			Dental HMO (DHMO), \$500	
			Out-of-Network (OON)	DHMO OON
			• Annual deductible	\$25 \$50
			• Diagnostic and preventive	0% 25%
			• Basic services	20% 40%
			• Major services	50% 60%
			• Ortho (19 and under), \$1,000 lifetime max	50% not covered

COVA Care Additional Coverage Options				
Benefit	Who Pays	Administrator		
<b>Out-of-Network</b>		Anthem or ValueOptions		
(May be combined with Expanded Dental or Vision, Hearing and Expanded Dental) Applies to Medical and Behavioral Health Services		Plan payment is reduced by 25%. You pay applicable deductible, copayment and/or coinsurance. Provider may balance bill for amount above allowable charge.		
<b>Expanded Dental</b>		Delta Dental		
(May be combined with Out-of-Network)				
Plan pays up to \$1,500 per member per plan year for Basic and Expanded Dental Services				
<ul style="list-style-type: none"> <li>Complex Restorative (inlays, onlays, crowns, dentures, bridgework)</li> <li>Orthodontic (\$1,200 lifetime max per member)</li> </ul>		You pay 50% coinsurance, no deductible		
		You pay 50% coinsurance, no deductible		
<b>Vision, Hearing and Expanded Dental</b>				
(May be combined with Out-of-Network)				
<b>Vision</b>		Anthem		
<ul style="list-style-type: none"> <li>Routine eye exam (once every 24 months)</li> <li>Eyeglass frames (one set every 24 months)</li> <li>Lenses (every 24 months) <ul style="list-style-type: none"> <li>One pair single lenses, or</li> <li>One pair bifocal lenses, or</li> <li>One pair trifocal lenses, or</li> <li>Contact lenses (any kind)</li> </ul> </li> </ul>		You pay \$35 Plan pays up to \$75  Plan pays up to \$50 Plan pays up to \$75 Plan pays up to \$100 Plan pays up to \$100		
<b>Hearing</b>		Anthem		
<ul style="list-style-type: none"> <li>Routine hearing exam (once every 48 months)</li> <li>Hearing aids and other hearing aid related services (\$1,200 benefit maximum every 48 months)</li> </ul>		You pay \$35 You pay \$0		
<b>Expanded Dental (see above)</b>		Delta Dental		